DATENT ADDITIONATION FOR DETROISMENT TO THE									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOI								09/881 748					
	· · · · · · · · · · · · · · · · · · ·	CLAIMS A	S FILED		(Column 2)		•	SMALL ENTITY		OR		R THAN ENTITY	
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILEO '		NUMBER EXTRA			BASIC'FE	€ 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		•	•		X43=	1.	OR	X86=		
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		1	·+290=	 	
• 11	the difference	e in column 1 is	less than zero, enter "Q" in column 2				. i		 	OR			
CLAIMS AS AMENDED - PART II								TOTAL	L	OR	TOTAL	L	
1	(Column 1) (Colum					(Column 3)		SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT	Filed 12/22/04	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 18	Minus	ح -	<u>ပ</u>	.0		X\$ 9=		OR	X\$18=		
AME	Independent	ENTATION OF M	Minus	4	<u> </u>	6		X43=		OR	X86=		
	FINOT PHESE	ENIATION OF MI	OCTIPLE DE	PENUENI	CLAIM	ا_لا		+145=		OR	+290=		
~ · · · · · · · · · · · · · · · · · · ·							L	TOTAL		OR	TOTAL		
7/15/05 (Coliumn 1) (Column 2) (Column 3)								DDIT. FEE			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST EA USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 16	Minus	- 21	5	·	lſ	X\$ 9=		OR	X\$18=	·	
	Independent	I 3	Minus	SENDENT	1		ı	X43≃		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	•	
							A	TOTAL DDIT. FEE		OR ,	TOTAL LODIT, FEE	·	
_		(Column 1)	•.	(Colum		(Column 3)			•				
AMENUMEN: C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	R ISLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 8	Minus	- 20	9.	• •	Г	X\$ 9=		OR	X\$18=		
	Independent	· 2	Minus	··· 4	1	*	十	X43=		.	X86=	1	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	V00=		
. 8	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
41 0	" of the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										DOTT. FEE		
TI	he "Highest Num	ber Previously Paid	For (Total or	Independen	l) is the l	highest number	tount	i pu'ne sibb	opriale box	in Colu	mn I.		